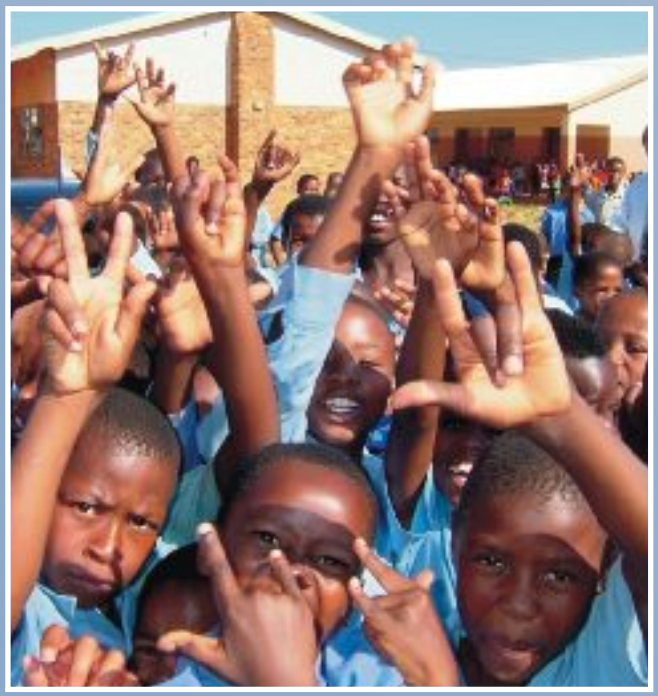
WORKING IN PARTNERSHIP:

THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

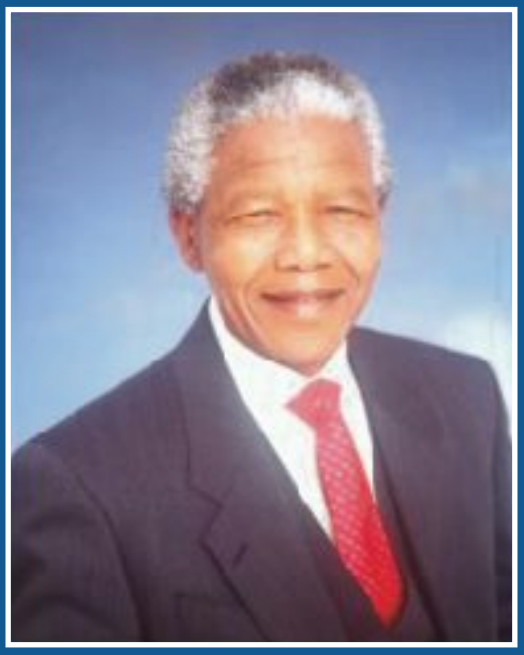



USAID
FROM THE AMERICAN PEOPLE
PEACE CORPS
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTES OF HEALTH
Department of Health and Human Services
HRSA
Health Resources and Service Administration

WORKING IN PARTNERSHIP

South Africa and the United States

Annual Report 2005



"Let us not equivocate: a tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities; overwhelming and depleting health care services; and robbing schools of both students and teachers.

Business has suffered, or will suffer, losses of personnel, productivity and profits; economic growth is being undermined and scarce development resources have to be diverted to deal with the consequences of the pandemic.

HIV/AIDS is having a devastating impact on families, communities, societies and economies. Decades have been chopped from life expectancy and young child mortality is expected to more than double in the most severely affected countries of Africa. AIDS is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future.

Something must be done as a matter of the greatest urgency. And with nearly two decades of dealing with the epidemic, we now do have some experience of what works."

Closing speech by former South African President Nelson Mandela to the 13th International AIDS Conference in Durban, July 14, 2000

This report was prepared by the HIV/AIDS Task Force of the United States Mission to South Africa

United States Department of State
Pretoria

January 31, 2006

Dear Reader:

When President Bush announced the President's Emergency Plan for AIDS Relief in 2003, he made the global fight against HIV/AIDS a top U.S. priority. In the two years since, the Emergency Plan has become the largest commitment ever by a single nation toward an international health initiative.

Today the Emergency Plan is working in more than 120 countries around the world, supporting the extension of prevention, care, and treatment services according to priorities established by partner governments. In South Africa, those priorities are spelled out in the government's Operational Plan.

In collaboration with the Ministries of Health, Defense, Social Development, Correctional Services and Education, as well as more than 250 local and international partners, the Emergency Plan is making a difference in the lives of thousands of South Africans.

The Emergency Plan's fiscal year 2005 activities and accomplishments in South Africa are detailed in the report which I am pleased to present here. While the U.S. Mission to South Africa is proud of the Emergency Plan's achievements to date, we also understand that none of those achievements would have been possible without the dedication and expertise of our partners. It is to them that I dedicate this report and the findings therein.

Sincerely,

Donald Teitelbaum
Chargé d'Affaires, U.S. Mission to South Africa

CONTENTS

Acronyms and Abbreviations

ABC	Abstinence, Be faithful, correct and consistent use of Condoms
ART	Antiretroviral Treatment
ARV	Antiretroviral
CBO	Community-Based Organization
CDC	U.S. Centers for Disease Control and Prevention
CT	Counseling and Testing
DOD	U.S. Department of Defense
DOE	Department of Education (South Africa)
DOTS	Directly Observed Treatment Short Course
DSD	Department of Social Development (South Africa)
DQA	Data Quality Assessment
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FBO	Faith-Based Organization
FY	Fiscal Year (The U.S. Fiscal Year runs from October through September)
HCW	Health Care Worker
HMIS	Health Management Information Systems
HRSA	U.S. Health Resources and Services Administration
HSRC	Human Sciences Research Council
MAP	Men as Partners
MCH	Maternal-Child Health
M&E	Monitoring and Evaluation
NDOH	National Department of Health (South Africa)
NICD	National Institute for Communicable Diseases (South Africa)
NIH	U.S. National Institutes of Health
OGAC	Office of the U.S. Global AIDS Coordinator
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief (Emergency Plan)
PHC	Primary Health Care
PMTCT	Prevention of Mother-To-Child HIV Transmission
PLWHA	People Living with HIV/AIDS
SAG	South African Government
SANBS	South African National Blood Service
SI	Strategic Information
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

Executive Summary

"Our two nations are committed to deepening the close bonds of cooperation and shared values of peace and prosperity that mark the U.S./South Africa bilateral relationship. In our meeting, we shared perspectives on vital bilateral and international issues, including trade and economic development, eradication of poverty, the fight against HIV/AIDS … and the compelling need to help all people attain the blessings of freedom, democracy, and security. We agreed to strengthen our joint efforts to cooperate to combat the devastating effects of HIV/AIDS, tuberculosis, malaria, and other infectious diseases."

Joint Statement by President George W. Bush and President Thabo Mbeki; June 10, 2005

In coordination with the South African Government (SAG), the President's Emergency Plan for AIDS Relief (Emergency Plan) has been initiated in South Africa with more than 200 partners including many SAG agencies. This joint effort was endorsed at a meeting between President Mbeki and President Bush in July 2003, and confirmed at their meeting in June 2005. The collaborative framework was established at a meeting in October 2003 between Minister of Health Manto Tshabalala-Msimang and Ambassador Randall Tobias, the U.S. Global AIDS Coordinator. The Minister asked that the Emergency Plan support efforts in all the provinces within both the public and private sector, and that there be regular consultation with the National Government. The Minister also suggested that the program work with various national government departments and provincial health departments.

Following this guidance provided by the Minister of Health, the program has been coordinated since October 2003 through an inter-governmental consultative group (Joint Consultation Group) chaired by the NDOH. Four other national government departments have participated in this group. The United States Government (USG) has kept the Parliamentary Standing Committee on Health informed about the program and has invited Provincial Health Departments to participate in the Emergency Plan. A cardinal principle of this effort is that all Emergency Plan supported activities must be implemented in accordance with the policies and guidelines of the SAG. Therefore, all Emergency Plan activities in South Africa support implementation of the SAG's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment, April 2003-March 2008 (Comprehensive Plan). In addition, private sector partners work with governmental health authorities at all levels.

Within this context and with concurrence from the SAG, the USG provided $89 million in Fiscal Year (FY) 2004 and $148 million in FY2005 for programs in South Africa. In FY2006, approximately $221 million is expected to support programs in South Africa. Of this amount, two-thirds will be provided to SAG and local private sector organizations and the remainder will be awarded to international organizations with local partners engaged in program implementation. The SAG agencies that will receive funding or program support include the Department of Health, the Department of Defense, the Department of Correctional Services, the Department of Education, the Department of Justice, the Department of Provincial and Local Government and the Department of Social Development. The National Institute for Communicable Diseases (NICD), the South African National Blood Service (SANBS), and several Provincial Health Departments also receive support from the program. The portfolio of Emergency Plan support to the SAG will be widened in FY2006.

Emergency Plan projects are located in all nine provinces and target all aspects of HIV and AIDS prevention, care, and treatment.

In implementing the program, new partners have been solicited, reviewed and approved in South Africa through a transparent competitive process involving expert review panels which have included representatives of the USG, the SAG and the South African academic community.

Simultaneously, competitive solicitations for programs that operate in multiple countries have been conducted in the United States. When these involve potential efforts in South Africa, a separate review is conducted in South Africa involving the South Africa-U.S. Joint Consultation Group, and

projects jointly approved are endorsed for implementation in South Africa.

Emergency Plan partners are engaged in an array of activities that address South African priorities. In 2005 a project involving the Congress of South African Trade Unions (COSATU) and all the national teachers' unions started with a focus on HIV/AIDS prevention, care and treatment through a multi-province program. A similar project focused on AIDS prevention and care has been introduced in the prison system. Public sector clinics and hospitals approved for the provision of antiretroviral (ARV) therapy are being provided free access to the Mindset Health Network to provide patient education and professional in-service training in multiple languages.

Substantial program funds support projects designed to prevent HIV transmission. Many prevention efforts supported by the Emergency Plan focus on behavioral change among young people. Eight percent of the overall USG program in South Africa supports activities that encourage young people to delay or abstain from sexual activity, and that encourage all age groups to remain faithful to one sexual partner. The Emergency Plan also continues to support programs that facilitate the correct and consistent use of condoms in populations where condoms are the best strategy to reduce transmission risk. An area of special emphasis among adults in committed relationships is the promotion of faithfulness and the limitation of the number of sex partners.

The NDOH and Emergency Plan partners work with non-governmental organizations (NGOs), faith-based organizations (FBOs) and public and private sector health facilities to provide quality care services to People Living with HIV/AIDS (PLWHA) in all nine provinces. With Emergency Plan support a nationwide system of community-based palliative care is rapidly being developed in association with the South African Hospice and Palliative Care Association. These and many other Emergency Plan projects have been jointly reviewed and approved by the U.S. Mission and the SAG to ensure that previously underserved populations receive special attention through this program.

The treatment focused projects funded through the Emergency Plan address priorities identified in the *National HIV/AIDS Strategy* and the Comprehensive Plan as well as other relevant SAG policy documents. These projects support public and private health care providers, specifically to help achieve the goal of providing antiretroviral (ARV) therapy to all South Africans who need it. Considerable Emergency Plan resources also are devoted to the detection and management of tuberculosis (TB) in public health facilities. Key components of the program support the training of health professionals, particularly to reach underserved areas and populations, and the establishment of public-private partnerships to enhance service delivery.

Emergency Plan supported treatment providers only use drugs consistent with South Africa's treatment regimen, registered in South Africa and found to be safe, effective and reliable. Furthermore, all Emergency Plan treatment partners follow established SAG clinical guidelines, policies and protocols for treating HIV positive clients. In direct cooperation with the NDOH, the program supports the strengthening of patient information systems, expanded program monitoring and evaluation, pharmacovigilence activities, and expanded professional training.

The Emergency Plan strongly supports the development and enhancement of the South African public health system. All Emergency Plan partners are encouraged to build public health service delivery capacity, to assure the improvement of quality of care and to plan for program sustainability. The Emergency Plan contributes to service delivery in partnership with SAG and a broad range of implementing organizations. In most cases, the SAG, the private sector and other donors contribute directly to projects that also receive Emergency Plan support. Therefore, the achievements of Emergency Plan supported projects also must be attributed to the efforts of the SAG and many other program supporters.

For the future, in collaboration with the SAG and the private sector, Emergency Plan programs will continue to expand to support prevention, treatment and care priorities identified by the SAG and civil society. The Emergency Plan will continue to focus on projects that build capacity in the SAG health system and that promote sustainable interventions. Only through such partnership will the epidemic of HIV and AIDS be abated in Southern Africa and the world. The Emergency Plan is designed to support such an effort and is succeeding in South Africa due to the goodwill, dedication and energy of the South African people and their leaders in government.

PREVENTION

Abstinence and Be Faithful

"There is clear evidence that more open communication contributes to greater awareness and reduced stigma. And perhaps most compelling of all is the significant body of international research demonstrating that open communication between parents and children generally, and in particular in regard to sexual behaviour, contributes to substantially lower risk behaviour including substance abuse and crime."

Deputy President Phumzile Mlambo-Ngcuka, October 4, 2005

HIV prevention remains a major challenge in South Africa. Despite almost universal awareness of AIDS, the changes in behavior needed to reduce new infections remain elusive. HIV rates continue to rise, increasing to 29.5% among pregnant women in 2005.[1]

To slow transmission, it is essential to increase risk avoidance - both abstinence for youth, and fidelity and partner reduction for adults, especially men. Young women, who have higher infection rates than young men, are a prevention priority. Infection rates peak among women in their twenties; 16% of pregnant girls under age 20 are already HIV positive.[2] High levels of sexual violence may contribute to the epidemic.

The Emergency Plan strategy calls for a broad-based prevention program including school-based, and community interventions to delay sexual activity among youth, and to promote fidelity and partner reduction among sexually active adults. Media programs are combined with community interventions. The strategy supports the SAG goals of promoting safe and healthy sexual behavior, and involving all sectors of society in HIV prevention. Consistent with the SAG, Emergency Plan programs seek to integrate abstinence and be faithful (AB) activities within more comprehensive programs.

In 2005, USG supported programs had reached approximately 4 million people with AB messages, and 1.7 million of these people were reached with abstinence-focused messages. Emergency Plan partners conduct outreach through community-based organizations (CBOs) and FBOs, which are best equipped to reach local communities and influence values and norms. The emphasis is on person-to-person communication, individually tailored counseling on risk assessment and behavior change. Several innovative activities involve using traditional healers to deliver prevention messages that reinforce traditional values. Other programs include support to the SAG's Life-Skills program for in-school youth that encourages abstinence and delaying sexual activity until marriage.

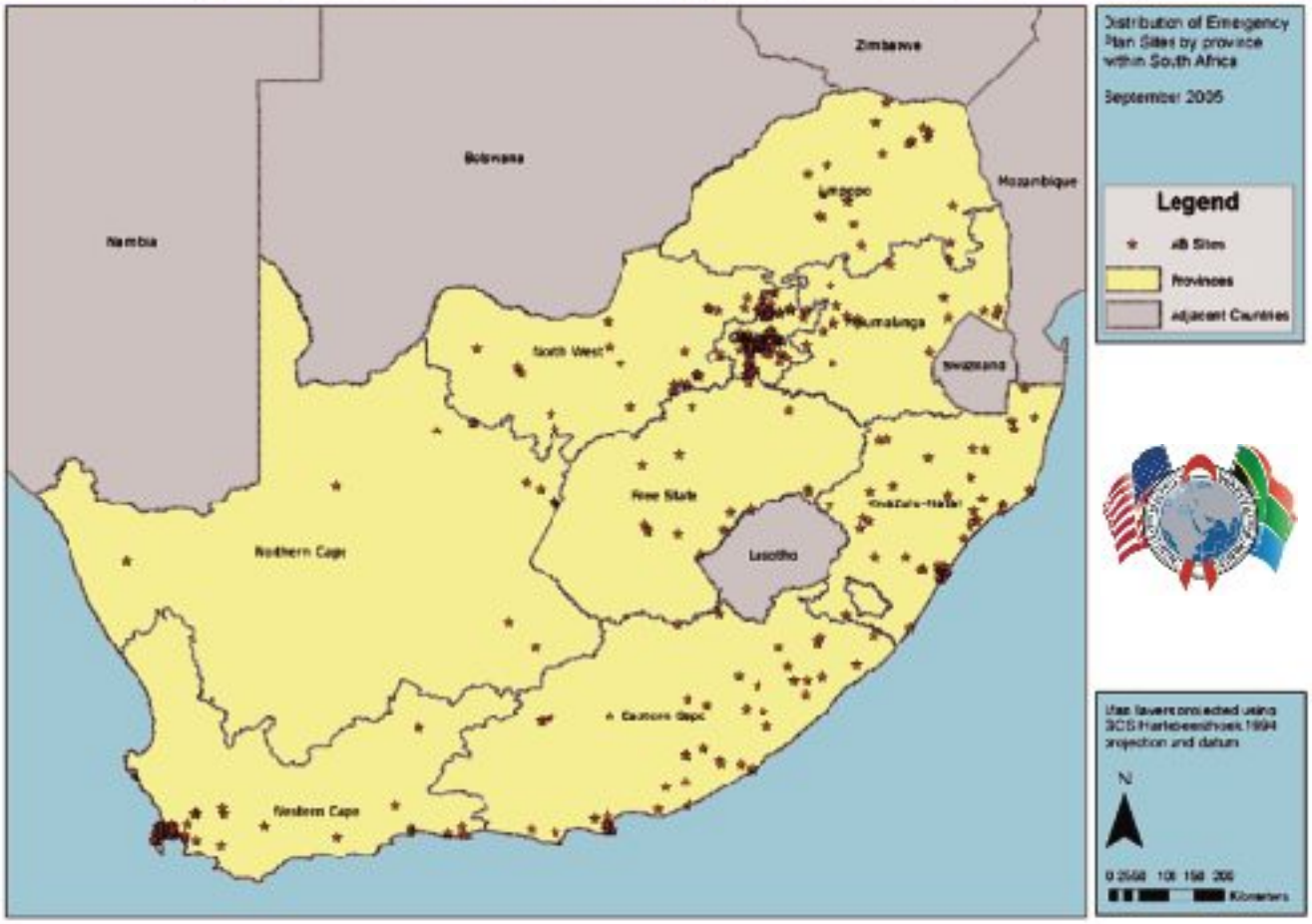
Emergency Plan partners target traditional youth audiences for abstinence education through schools and church youth groups, and address prevention needs among girls and orphans and vulnerable children (OVC). Partners also target less conventional audiences such as university students, teachers' unions, the military and traditional leaders, with emphasis on fidelity and partner reduction messages.

A key strategy is supporting programs that address male attitudes, norms and behaviors that contribute to the epidemic. Activities include

Nearly two million South African viewers of the country's weekly drama, Tsha Tsha, believe Viwe (center, dressed in white) has AIDS. Actress Noxee Maqashalala says, "In my private time, I visit schools to educate students about HIV prevention and treatment and to reverse stigmas that inhibit people with AIDS from telling others their status." She no longer tells school audiences that she does not have AIDS in real life, because her television series casts her so convincingly in the role of a young HIV positive person. The Emergency Plan supports Tsha Tsha as an effective way of reaching mass youth audiences living in a world affected by HIV and AIDS.

[1,2] National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, 2004. National Department of Health, 2004

Emergency Plan Sites - Abstinence and Be Faithful



training other non-governmental organizations (NGOs) in strategies for increasing male responsibility for HIV prevention and working with traditional leaders to mobilize communities to challenge norms of masculinity that contribute to high-risk behavior.

Another key focus area is supporting mass media programs that aim to convey key behavior change messages with a focus on personal risk perception, male norms and community action to support healthy behaviors. They are designed to encourage further discussion through community-based clubs and discussion groups.

Ambassador Tobias shakes hands with community leaders in Durban.

Condoms and Prevention Among Most-At-Risk Populations

Within South Africa's generalized epidemic, HIV prevalence varies greatly across regions and population sub-groups. HIV infection rates exceed 60% among sex workers and in some border towns and other "hot spots." Members of uniformed services, migrant workers, miners, and incarcerated individuals, among others, appear at higher than average risk.

Sexual risk-taking also occurs in the general population. In a 2005 survey, 38% of males and 32% of females over the age of 15 reported using a condom.[3] Thus, a comprehensive Abstinence, Be faithful and correct and consistent use of Condoms (ABC) approach is needed, including targeting messages about correct and consistent condom use

[3] Shisana O, Rehle T, Simbayi LC et al. South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005. Cape Town: HSRC Press, 2005

to individuals engaging in high-risk behavior, including older men.

The Emergency Plan strategy supports the SAG strategy in calling for other prevention programs to focus on high-transmission areas and most-at-risk populations, as well as to expand workplace prevention efforts. It also calls for multi-faceted communications approaches to raise risk perception and to promote preventive practices more broadly.

In 2005, Emergency Plan funded programs had trained about 18,800 people to deliver targeted prevention messages, reaching over 4.1 million most-at-risk individuals. Strategies include support for focused prevention efforts, emphasizing condom promotion and distribution in border areas in Limpopo and Free State, along transportation corridors, and in inner city areas. Through diverse partners, the Emergency Plan supports targeted outreach to the military, PLWHA support groups, sex workers and their clients, brothel owners, teachers, truckers, migrants and other mobile populations. Prevention programs for most-at-risk groups incorporate links to counseling and testing, care and treatment.

Integrated media campaigns and related outreach that promote both condom and AB messages to a broader audience are also a key Emergency Plan strategy. Support is provided to the NDOH's *Khomanani* campaign, which encourages partner reduction, condom use and early detection and treatment of sexually transmitted infections (STIs).

The NDOH, which is strongly committed to increasing condom use, buys male condoms and distributes them free of charge. In 2005, the NDOH purchased more than 400 million condoms. It is now expanding distribution of female condoms beyond initial pilot sites. Emergency Plan support has assisted the NDOH in introducing a new condom brand, Choice, which has become popular with sexually active young adults.

Technical assistance also helped to double distribution of male condoms from an average of 16.6 million a month in 2003/4 to 32 million a month in 2004/5; increase outlets from 400 to 2,000; and eliminate stockouts at primary distribution sites. Emergency Plan support will intensify capacity building in logistics management to enable the NDOH to assume full responsibility for condom procurement and distribution by September 2007.

An Activity Manager checks the condom stock at a local clinic (Johannesburg).

Prevention of Mother-to-Child Transmission (PMTCT)

"Africa's progress is best measured in hope. Only a few years ago, people viewed an HIV positive diagnosis as a death sentence -- a sentence to be endured in shame and isolation. Today, people who are HIV positive have hope: hope that they can watch their children grow up; hope that they can achieve their own goals and dreams for their lives; hope that they will see a generation free from HIV/AIDS, so that no one has to suffer and so that no child is made an orphan by AIDS."

Laura Bush, First Lady of the United States, September 15, 2005

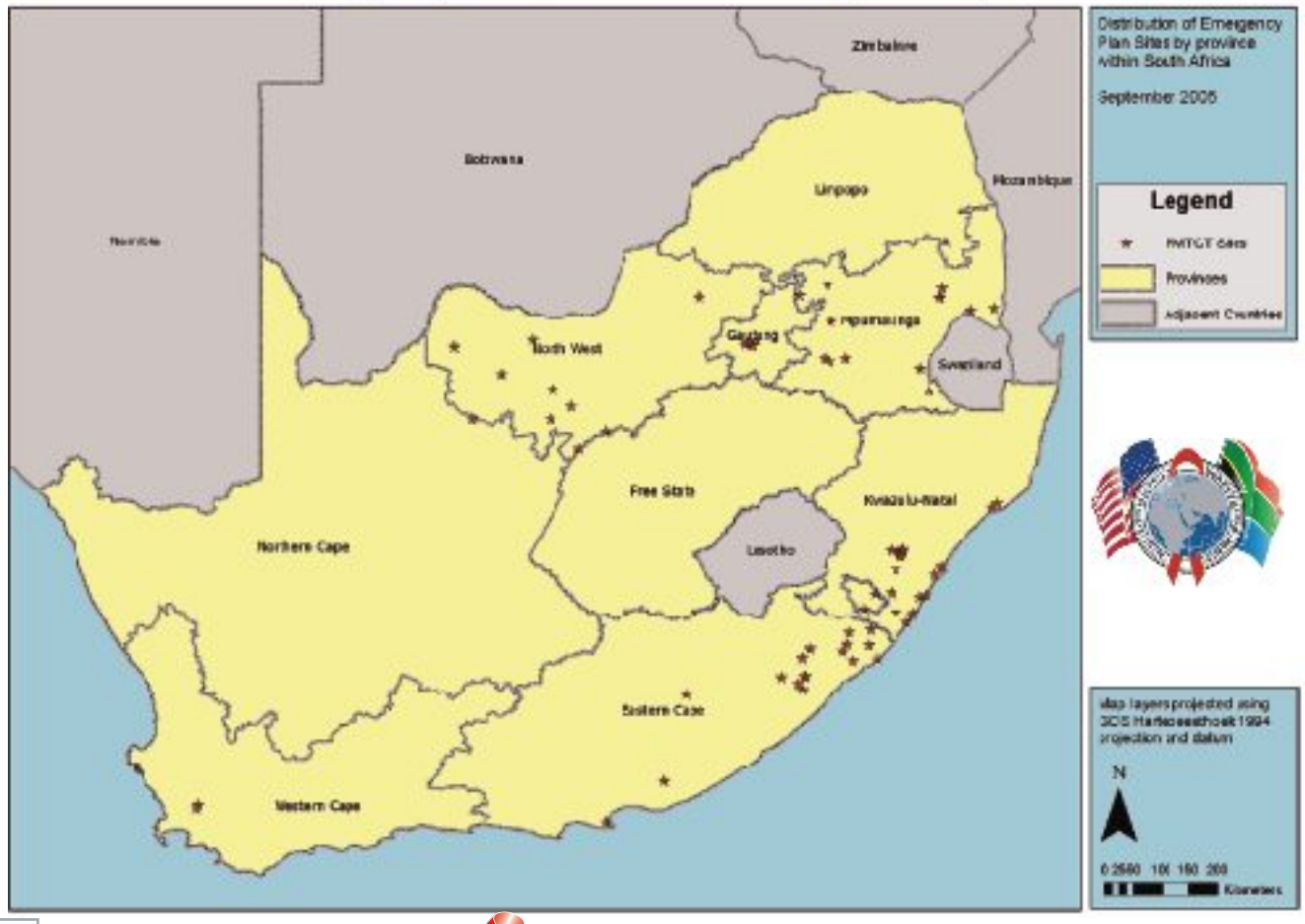
As of July 2005, the USG supported 400 facilities offering Prevention of Mother-to-Child Transmission (PMTCT) services in South Africa. These facilities include all hospitals and more than 70% of clinics and community health centers.

Although coverage of PMTCT services is extensive, the number of women who need PMTCT is staggering. Approximately 300,000 babies are born to HIV positive women each year. While quality data on PMTCT access is not readily available, all indications are that the need for PMTCT services far outweighs current availability. Supporting PMTCT is a priority especially with respect to:

- Increasing the uptake of PMTCT services within an integrated maternal-child health (MCH) system.
- Strengthening the quality of PMTCT services.
- Providing follow-up for mother-baby pairs post delivery and ensuring testing.
- Referring both the mother and the infant to treatment programs.
- Expanding linkages between the facility and the community through networks of support groups for mothers and pregnant women.

Emergency Plan funding contributed to the rapid expansion of PMTCT services around the country by providing technical assistance to the national and provincial Departments of Health. Emergency Plan partners provided PMTCT services (counseling and testing, not necessarily ARV prophylaxis) for 75,900 women, and 18,300 received PMTCT prophylaxis. Emergency Plan partners supported training of

Emergency Plan Sites - PMTCT



8,400 service providers in FY2005. Activities included the development and implementation of a PMTCT and infant feeding curriculum, quality improvement projects aimed at improving quality of care, and integrating PMTCT services into routine maternal and child health services.

Supporting My Family with Love and Respect. By Nkonzo Khanyile, EngenderHealth

One quiet evening in Soweto, a loud bang on our door frightened us. We knew it was him - my father. We didn't want to let him in or he'd beat up my mother. He demanded, "Vulani, vulani!" [Open up!] We froze. My mother, sisters, brothers and I didn't know what to do.

He used to come home smiling. Whenever we heard his knock, we knew he had gifts for us and we threw open the door. I was his first-born, so he spent extra time with me. I don't know what happened to that kind father. Now his life is ruled by alcohol and that led to a divorce. He disappeared.

I kept all those childhood memories with me. When I was 16, my Mom passed away after giving birth to my youngest brother, Mzwakhe. No one knew why or what happened. I was still trying to get used to her not being around when my eldest brother (from another father) - our family's sole breadwinner - got shot and died delivering food for the bakery where he worked.

I became a hermit. I earned money by doing "izikorobho" (painting, tiling and things like that). I found a way to survive. I had to grow up on my own, but I wanted to be there for Mzwakhe. Today, I spend time with him, helping him with his homework, taking him to parks and sharing with him what I do at work - teach men to respect women. He believes in me. He looks up to me as a father figure.

And it's funny. Our father showed up after many years. Strangely, I managed to find peace with him. We have become friends, but he has no say in my life. He lost his job, so I give him money. I support four sisters, three brothers, nieces and nephews by planning ahead to pay for rent, food and services. Ten of us live in our four-room house and draw water from an outdoor tap. A brother and I sleep in a shack we built outside. My family and I manage. And we love each other.

I'm helping my eldest sister adjust to being HIV positive. She denied it when she first found out. But I took her to the hospital. They said she also had tuberculosis, so she got treatments. She's feeling so well, she's looking for a job to support her two children. I look beyond her status and see her as my sister - someone good, caring, loving. I'm proud of her and the strength and courage she shows.

Three years ago, a friend invited me to a workshop in my neighborhood, called "Men As Partners" (MAP). I eventually realized what was wrong in my life, how I could change and what kind of man I want to be. I asked the organizers if I could work with them, even as a volunteer. I became a peer educator, talking to others in my age range about important things, especially gender roles. A guy will tell you he's got HIV or is hurting his Mom or partner or another woman in his life. Men need someone they trust so they open up. Yesterday, my best friend admitted his father is violent to his own Mom. He'd never talked about it before. Guys who have experienced domestic violence have the choice of stopping it and preventing it.

Nkonzo is a good role model for his younger brother Mzwakhe (EngenderHealth MAP, Johannesburg).

People need to do all things as equally as possible. Nobody should be favored or prejudiced by gender, but given an equal chance at home, school and work. Each and every role is meant for both people. Let's understand and accept that and treat each other with respect, fairness and love.

I work at EngenderHealth, the organization that developed the MAP idea. In my job and personal life, I help South Africans learn why it's important to treat everybody respectfully, regardless of gender. This concept is not a goal for me, but a way of life.

Many people are afraid of getting AIDS. I tell them to abstain from sex before marriage and stick with one partner after marriage. Not everybody finds this message easy to live by, but we talk about ways to avoid sexual compromises. Some guys tell us we're crazy. Others accept it and live safer lives. I hope life will be better when Mzwakhe grows up.

To all of you who have lost your role models, it's up to us to put a stop to this, because someday, we, too, may become fathers. Fathers, be positive role models for your children, especially your sons. You are their spirit, hope and inspiration.

They say a man can change his stars through the help of God. I will be a star for Mzwakhe.

Prevention of Medical Transmission of HIV

Blood Safety

Blood transfusion in South Africa is recognized as an essential part of the healthcare system. South Africa has a strong blood safety program that is directed by the South African National Blood Service (SANBS). SANBS actively recruits voluntary blood donors and educates the public about blood safety. Blood donors are voluntary and not remunerated. Blood is collected at fixed donor clinics and mobile clinics that visit schools, factories, and businesses. All blood is routinely screened for HIV-1 and 2, hepatitis B and C, and syphilis.

SANBS operates in eight of the nine provinces in South Africa and is responsible for the delivery of transfusion services to 87% of the patients of the country. The Western Province Blood Transfusion Service provides blood to patients in the Western Cape. The National Health Service Act requires a single national blood transfusion service. In the foreseeable future, the Western Province Blood Transfusion Service will merge with SANBS, creating a sole provider in all nine provinces.

Emergency Plan efforts in Blood Safety have primarily focused on supporting SANBS in a variety of areas including expanding the donor base and working with the NDOH to define donor expansion approaches and revision to the risk model. Emergency Plan support in this domain took on added urgency in 2004 when the Minister of Health mandated that SANBS adopt a new risk profile model that removes race from the formula. After extensive analysis, SANBS has recently announced a revised donor screening methodology relying on frequency of donation.

A nurse examines a young patient at a rural provincial wellness clinic.

Another aspect of the Emergency Plan supported SANBS program is coordination with the NDOH and Department of Education (DOE) to provide prevention education to potential young donors that will assist them in protecting themselves from infection and will result in their being "certified" as safe donors. In addition, Emergency Plan resources will strengthen SANBS information systems and training of donor recruiters, HIV counselors, technicians, quality officers, and healthcare providers both in South Africa and in other African countries. In 2005, 1,500 individuals were trained in blood safety activities.

Injection Safety

A recent report by the South African Human Sciences Research Council (HSRC) presented evidence on the potential for HIV transmission in dental, maternity and pediatric services in public health facilities. This report focused on risks to children two to nine years old and highlighted the need for more emphasis on adequate policy and practice in the area of preventing medical transmission.[4]

Emergency Plan efforts in injection safety have primarily focused on supporting the Making Medical Injections Safer (MMIS) project in South Africa, which has begun piloting interventions in three of the nine provinces. In 2005 this program trained 100 people in injection safety activities. Focus areas include:

- Improving policies for safe injection practices.
- Improving medical waste management.
- Enhancing training of health workers.
- Improving communications to address safe medical practices.

Building on emerging global and local trends identifying a growing burden of nosocomial (and especially hospital) infections, the project plans to expand its current base to form part of a national campaign aimed at improving safe injection practices as well as strengthening institutional capacity to develop and maintain safe injection and appropriate medical waste management.

[4] Shisana O, Mehtar S. HIV Risk Exposure Among Young Children. Cape Town, HSRC, 2005

Palliative Care

"Often, now that I am back in Washington, I am asked about South Africa and its future. Often the questions include what is being done to address AIDS. Today, I think we all see why my answer is that much is being done and South Africa has a bright future. The partnerships envisioned in the President's Emergency Plan for AIDS Relief are producing real results in South Africa. Together we are saving lives because health care providers, public health institutions, the South African Government at all levels, and most importantly those infected with HIV are coming forward to take courageous, dedicated action - just as Helen Joseph did during the apartheid years. I am inspired by what you are accomplishing. And, on behalf of the people of the United States, I thank you for this celebration of hope."

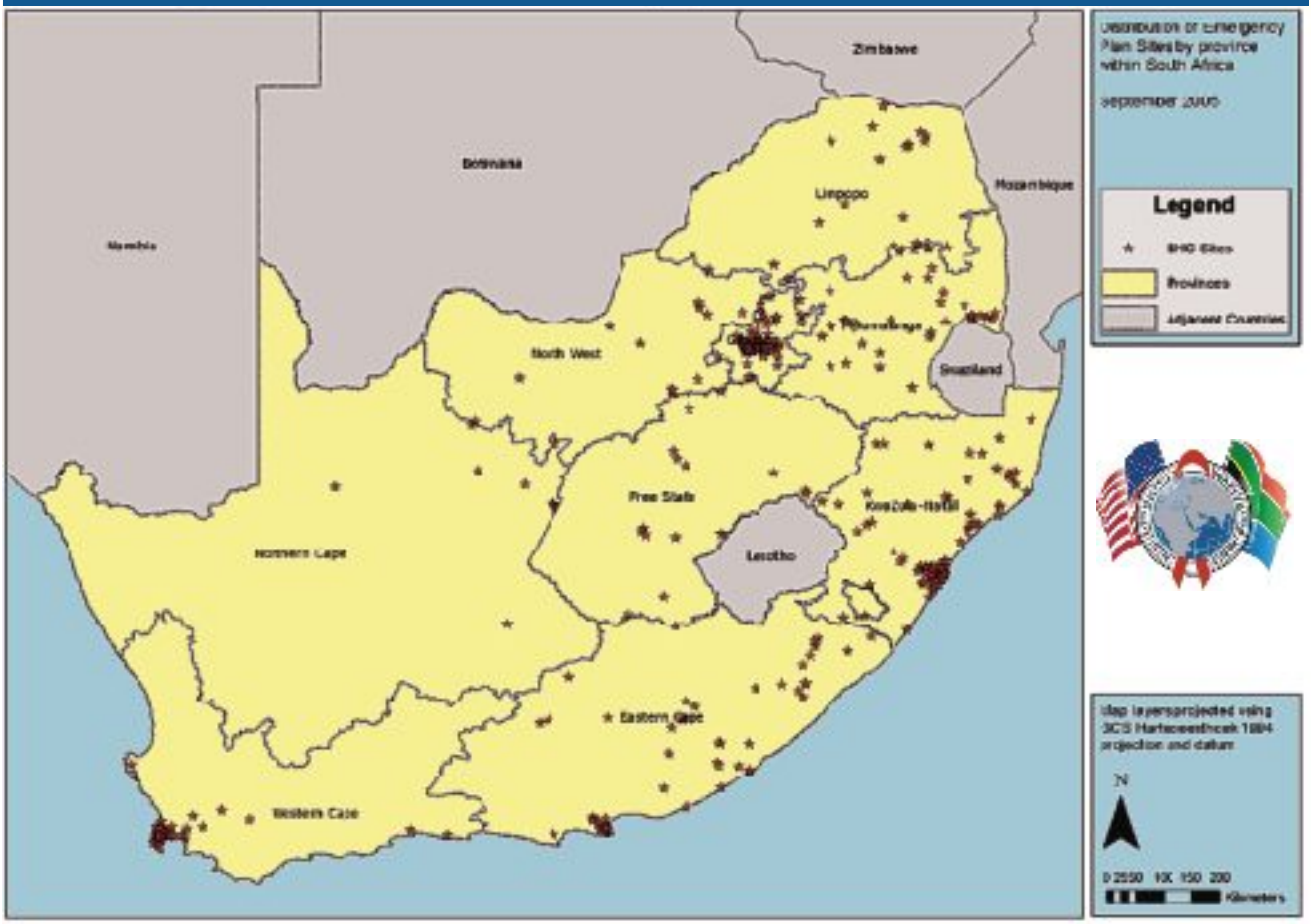
Jendayi Frazer, Assistant Secretary of State for African Affairs and Former Ambassador to South Africa at the first anniversary of the Themba Lethu Clinic, Johannesburg, October 17, 2005

Basic Healthcare and Support

The NDOH leads and coordinates national efforts to advance palliative care in South Africa. Working in all nine provinces, the Emergency Plan supports the SAG to increase the number of PLWHA receiving quality care services in communities through NGOs and FBOs, and at public and private sector health facilities.

The NDOH, through its primary healthcare strategy, establishes linkages and referral networks between the community and higher-level facilities. However, the human capacity of the healthcare system is under strain and the continuum between facility level care and community level care is often fragmented. Emergency Plan programs focus on strengthening quality HIV/AIDS palliative care service delivery and implementing standards of care. Emergency Plan program approaches include:

Emergency Plan Sites - Basic Healthcare and Support



Gloria counsels people with AIDS in Soweto. "Many women are afraid their children will find out about their status from other people. I help them cope with their AIDS status and other pressures in life," she says.

- Expanding the menu and quality of family - centered services for adults and children living with HIV/AIDS.
- Increasing the number of trained formal and informal health care providers.
- Building active referral systems between community and home-based care and facility services.
- Developing mechanisms to assure quality, including integration of supervision systems.
- Translating national policy, quality standards and guidelines into action.

Emergency Plan partners support efforts to improve access to a defined menu of cost-effective care services for children and adults living with HIV/AIDS that are appropriate to the country context and the service delivery site. These programs include preventive care to promote the health and well-being of PLWHA with opportunistic infection (OI) prophylaxis (e.g. cotrimoxazole and INH), nutrition counseling, personal hygiene and routine clinical monitoring. Many preventive care efforts are integrated into comprehensive antiretroviral treatment (ART) programs, providing wellness care for HIV positive people prior to their eligibility for ART.

Programs also support efforts to improve clinical care interventions including appropriate assessment and treatment of OIs and sexually transmitted infections (STIs), malnutrition, and pain and symptoms related to HIV disease. Lastly, the menu of services includes supportive care interventions such as psychosocial support, spiritual care, bereavement care, ART adherence support, support groups, nursing care and household support.

In 2005, the Emergency Plan supported 800 facilities to provide palliative care in which about 281,400 HIV positive individuals received services. In addition, 20,900 individuals were trained in the provision of palliative care.

Palliative Care: Tuberculosis/HIV

South Africa has one of the highest estimated tuberculosis (TB) rates in the world, ranking eighth among high burden countries. In 2004, there were more than 279,000 reported cases of TB, a rate of 599/100,000 population. South Africa adopted the Directly Observed Treatment Short Course (DOTS) Strategy in 1986 and all districts have now implemented the core DOTS components. Despite SAG investments in TB control, progress to reach program objectives is slow.

An estimated fifty-five percent of TB patients in South Africa are co-infected with HIV. The SAG Comprehensive Plan recognizes that integration of TB and HIV services is essential to ensure that patients affected by the co-epidemics receive appropriate care and treatment. Emergency Plan efforts are consistent with the NDOH and the World Health Organization (WHO) TB/HIV Framework that highlights the need for integrated programming, decreasing the burden of TB among PLWHA and increasing the HIV care available for TB patients. The SAG is now linking TB activities with accredited HIV treatment sites. Emergency Plan efforts bolster the SAG's capacity to address challenges to the effective expansion of collaborative TB/HIV activities, including uneven access to counseling and testing (CT) for TB

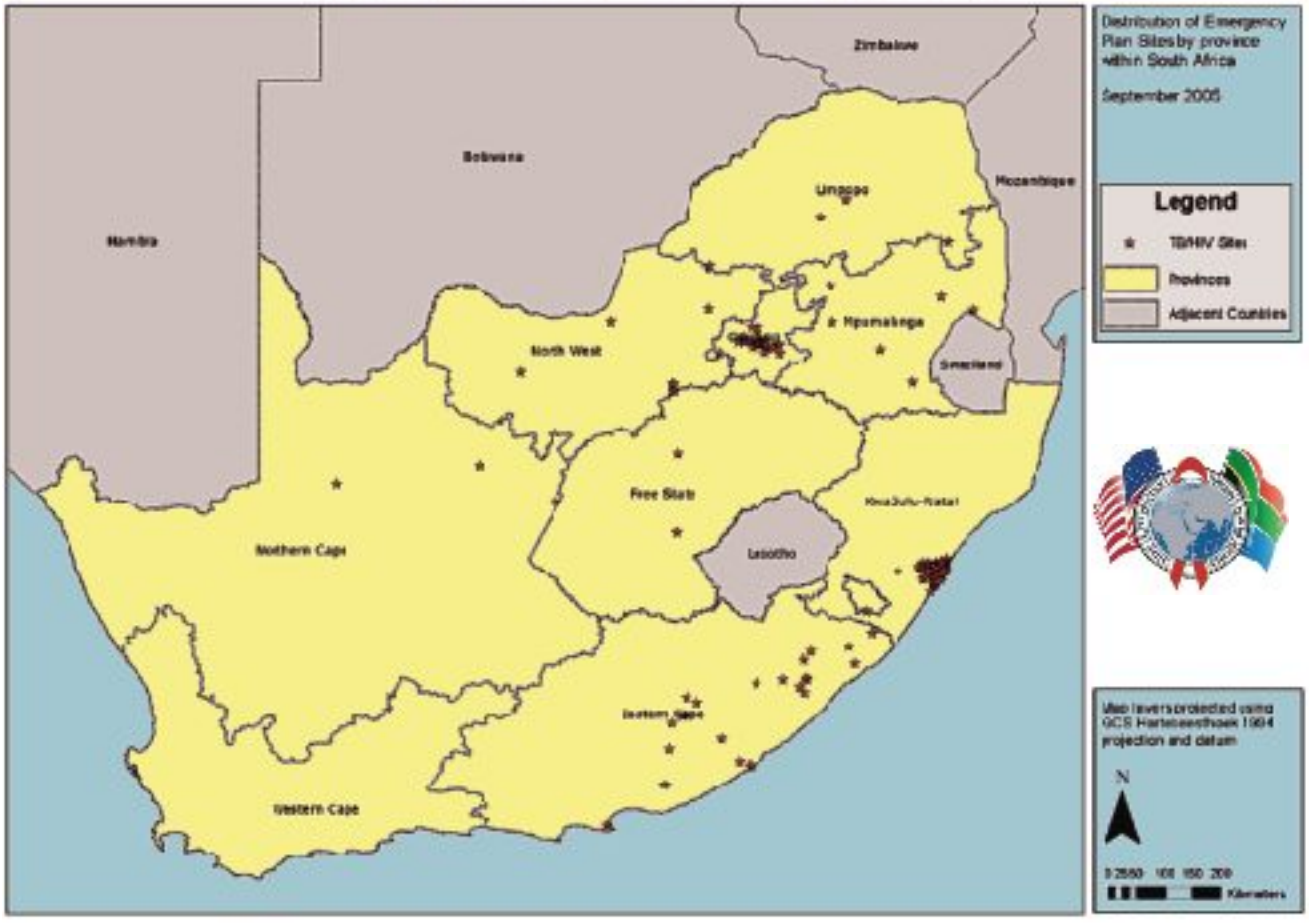
Zandile Mokgatle, Group Medical Officer for HIV/AIDS Harmony Gold, says, "USAID-sponsored mobile clinics ensure accessible healthcare for mining towns in South Africa."

patients, poor recording and reporting systems for improving program management, and the difficulties of TB diagnoses in HIV patients.

Emergency Plan resources and technical assistance have complemented SAG efforts in a broad range of TB/HIV activities. A best practice model of increasing access to HIV services among TB patients was implemented and this model is expected to be replicated in additional provinces in the future. Support for TB/HIV surveillance continues to yield valuable data for monitoring/ program management. Ongoing activities also aim to provide additional technical and financial resources for provincial and district health authorities to increase the effectiveness of referral networks between TB and HIV services. Public-private partnerships continue to expand access to TB/HIV services, including cotrimoxazole preventive therapy and expansion of access to ART, expanding effective DOTS programs, and isoniazid preventive therapy (IPT) among PLWHA, critical interventions in the integration of patient care. Emergency Plan funds also are used to support the National TB Reference Laboratory through the NICD.

In 2005, the Emergency Plan supported 400 facilities to provide TB/HIV services in which 14,100 HIV positive individuals received prophylaxis and/or treatment for TB. In addition, 3,300 individuals were trained in the provision of clinical management of TB/HIV.

Emergency Plan Sites - TB/HIV



Medical Research Council Helps Woman Address TB and HIV Infections

In South Africa, the prevalence of HIV is one of the highest in the world. According to the National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, 2004, almost 30% of pregnant women are HIV positive. The HIV crisis is also fueling a rampant TB co-epidemic. Problems are worsened by excessively high unemployment.

Pumla, a 30-year-old single mother, has the misfortune of being HIV positive with active TB and she is jobless. Pumla survives on a government disability grant for people living with HIV and TB.

Pumla had been repeatedly treated for TB over the past two years. When she enrolled in the Medical Research Council's (MRC) TB-HIV project at Richmond Life Esidimeni TB Hospital in June 2005, Pumla had already tested positive for HIV. She was not on antiretroviral treatment, even though her CD4 count was an extremely low 26.

Doctors classified Pumla at the World Health Organization's clinical stage four -- her condition was steadily progressing from HIV to AIDS. She was seriously ill. Pumla had lost a lot of weight and could barely walk. Her body was infected with ringworm and she had poorly healing genital ulcers. Pumla's mouth was filled with thrush and ulcers. Eating and speaking were painful experiences. She also suffered from diarrhea and vomiting that caused dehydration and fatigue.

HIV positive people need to undergo educational sessions and several physical tests before receiving ART. The assessments include CD4 and viral load testing, physical examinations, baseline bloods, screening for opportunistic infections, nutritional appraisals and a pregnancy test. Pumla was given a nutritionally enriched porridge to help build her immune system. An HIV specialist recommended that she start ARVs while in Richmond Hospital for TB treatment.

Patients in the TB/HIV project prepare for ART initiation by going to counseling and treatment literacy sessions. Pumla attended these classes and learned about the virus. She completed the drug readiness training and attended a session on the importance of adherence to both TB and HIV treatment. She was ready to start the life-saving therapy.

Then, to everyone's disappointment, Pumla refused to start ART. Desperate for help, she had reverted to her familiar cultural custom and consulted a traditional healer to deal with her sickness. Pumla worried that the tribal medication he prescribed would interfere with the ART drugs. No amount of reassurance or logical explanations could sway her decision.

Pumla's worried family eventually persuaded her to return to the clinic. She was extremely weak when she practically crawled through the clinic doors a week later. The project doctor was skeptical about initiating her on ART, but Pumla finally began treatment almost two months after enrolling with the MRC project. Soon after commencing TB treatment, she was taking ART. The project nurse monitored Pumla for any signs of side effects.

A month later, Pumla walked into the clinic and demanded tablets. The project doctor did not recognize her until she introduced herself and produced her file. Pumla had gained more than 20 pounds and her skin was clear. Her previously gaunt face was now round and healthy, lit by a broad smile. She had not experienced any major side effects. All her symptoms had disappeared. Pumla was living a normal life again. At the end of September, Pumla was discharged from Richmond Hospital. Staff struggled to remember the weakened patient who had started treatment only a few months earlier. Pumla is grateful to the MRC and the Emergency Plan for saving her life.

Orphans and Vulnerable Children (OVC)

"I want people to understand about AIDS - to be careful and respect AIDS - you can't get AIDS if you touch, hug, kiss, hold hands with someone who is infected. Care for us and accept us - we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else - don't be afraid of us - we are all the same!"

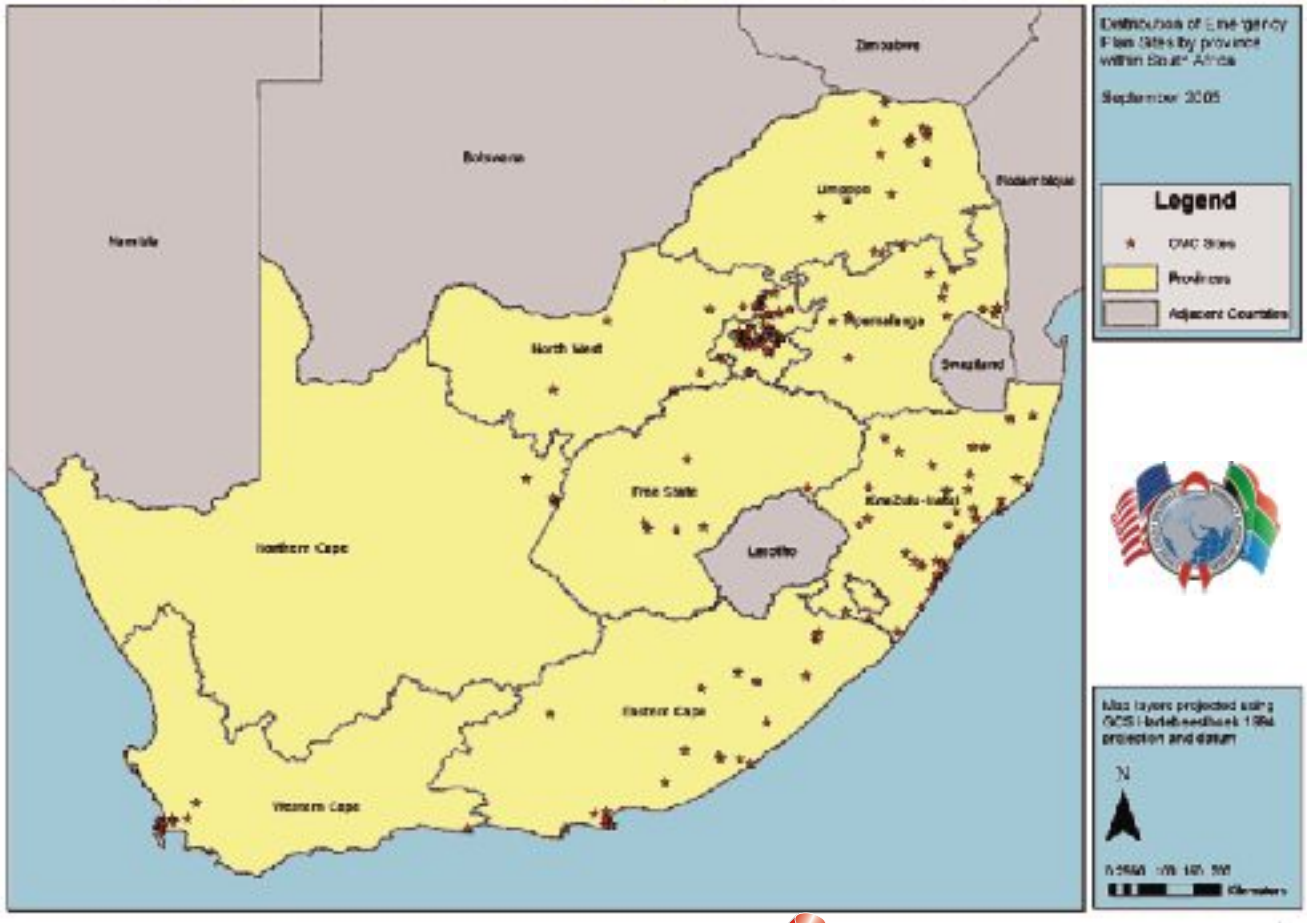
Nkosi Johnson, January 9, 2001 at the 13th International AIDS Conference, Durban

South Africa's HIV/AIDS epidemic has left thousands of children orphaned, neglected and vulnerable. More than 1.1 million children in South Africa under the age of 15 years have lost one or both parents. By 2010, UNICEF estimates that 16% of South Africa's children will be orphaned and millions more left extremely vulnerable. In South Africa, the HIV/AIDS epidemic is shattering children's lives and shifting the burden of child and family care upwards to the elderly, outwards to relatives, friends, neighbors or even strangers and downwards to children themselves. Stigma, discrimination and poverty result in these children's denied access to basic services such as healthcare, education and social services.

The Department of Social Development (DSD) recently released a policy framework for orphans and other children made vulnerable by HIV and AIDS that reflects the collective commitment of government, FBOs, NGOs, CBOs and others. The framework seeks to promote an enabling environment for more effective delivery and increased access to services that provide children with their basic rights to food, education, shelter, health care, parental care and protection from abuse and exploitation. Consistent with the SAG strategy, Emergency Plan efforts support programs selected and supported by the DSD to address the needs of OVC.

Over the last year, the Emergency Plan has supported an array of partners that respond to OVC needs and cover all the essential elements in a mutually reinforcing manner across sectors to provide comprehensive care and support for OVC. The OVC programs supported by the Emergency Plan include training and mentoring for CBOs to strengthen their capacity at the community and family level for the protection and care of OVC. In 2005, 7,700 caretakers were trained in caring for OVC, and about 107,600 OVC were served through programs with Emergency Plan funding.

Emergency Plan Site - Orphans and Vulnerable Children



Dignity and Confidence for More than 4000 South African Schoolchildren

There is a parable that speaks of an old man who walks along the beach early in the morning. One day he notices a figure dancing along the shore. Drawing closer, he sees that it is a young woman, but rather than dancing, she is sweeping down and gently picking up starfish and throwing them into the ocean. He stops and asks why she is doing this. "The sun is up and the tide is going out. If I don't throw them in, they'll die" she replies. "But there are millions of them; what difference can it possibly make?" he enquires. She pauses, bends low, picks up another starfish and throws it in the sea past breaking waves. She then turns to the old man, saying, "It made a big difference to that one!"

This is the principle on which the Starfish Greathearts Foundation was founded, and is what inspires Starfish's work. The Emergency Plan enables Starfish and its partners, Heartbeat and Hands At Work, to pick up 4,273 starfish - children orphaned and made vulnerable by HIV/AIDS - and to make a significant difference to each one of their lives by giving them brand new school uniforms and stationery packs. It reduces the discrimination and stigma these children feel and encourages school attendance across four South African provinces (Mpumalanga, Gauteng, North West and Free State).

The day had finally arrived. The day that the children in Phola and Mahusu (two rural communities in Mpumalanga) would collect their very own, brand new school uniforms. They looked forward to this day with great anticipation. It seemed like many months had passed since they had been measured and sized from top to toe. On this very day, two children in particular candidly demonstrated what owning a school uniform means to them.

The first little girl excitedly explored the contents of her new school bag, and then eventually sat down to try on a pair of bright black school shoes. She was thrilled and didn't care that they were at least two sizes too big. A volunteer tried to convince the girl that the shoes didn't fit. The child argued back, adamant that they fit "just right". The more the volunteer tried to coax the girl to try on a smaller pair, the more the child insisted that the pair on her feet were perfect, forcing her foot as far back in the shoe as she could to prove her point. She eventually gave in. Clinging to the large shoes, the girl slipped her feet into a more suitable pair and was finally convinced that they fit much better!

After the distribution, a young boy who had earlier been noticed carefully packing all the items on his collection list into his new school bag began walking home. Strapped to his shoulders, his bag hung down to the middle of his calves. The bag was almost bigger than he was. Some older girls walking alongside him offered to ease his struggle up the hill by helping him carry his bag. He shook his head sideways and stumbled along. They tried again to coax him to let them help, but he clenched the straps of his bag tightly. With the same stubbornness as the little girl, he refused to let anyone touch his bag. Deeply proud and very possessive of his new things, he was not going to let go.

Sadly, these two children demonstrate something that occurs frequently at distribution points. Few children have ever owned school uniforms, let alone new ones, and so they are afraid to lose what they have been given - whether wrongly sized, or simply too heavy. School uniforms are just too valuable to them. And the reason becomes clear from interviews conducted.

A teenage girl who has looked after her sister of 12 on her own since their mother died in June 2004 said that they no longer face peer pressure and they are glad to feel and look like the other children in their community who have parents. A boy of 15 from Katlehong (a township in Gauteng), also the head of his home, echoed this sentiment. He said that not having the correct uniform made him stand out awkwardly and feel vulnerable. Since receiving his uniform, he no longer feels judged or exposed as an orphan. In his own words:

"I don't feel so different and alone anymore and I even care about school again."

The Emergency Plan supports orphans and vulnerable children.

Counseling And Testing (CT)

"Silence kills. Stigma kills. We should not want to treat those living with HIV as the modern equivalent of the biblical leper who had to carry a bell and a sign saying, 'I am unclean'. They are not unclean. We should embrace them physically and emotionally as members of our community."

Archbishop Desmond Tutu, July 13, 2004 at the AIDS Conference 2004, Bangkok

Since 2000, the NDOH has supported widespread implementation of a National Program for Counseling and Testing, establishing national policies, procedures, guidelines and legislating intervention strategies. The national goal is to provide universal access to an adult population between the ages of 15-49 by the end of 2005 (coverage among public health facilities is over 80%). The NDOH and other stakeholders are currently exploring the use of routine and diagnostic testing as a means to increase access to counseling and testing (CT) and ensure linkages to care and treatment programs.

NBA legend and community ambassador Bob Lanier says, "AIDS is a global problem and it is therefore important to know how it is spread and how to protect yourself."

The National Program, supported by the Emergency Plan, focuses on increasing demand, the development of human capacity, expanding the access and availability of services, expanding and reinforcing linkages, and systems strengthening. The NDOH actively encourages providers in all settings (medical and non-medical) to recommend CT to all clients on a routine basis. Behavior change communication (BCC) and social marketing activities targeted to the workplace and to health care settings promote destigmatization and the normalization of knowing one's HIV status. Campaigns to stay negative also are utilized.

The Emergency Plan supports projects to expand services away from hospital-based settings through integration of CT within primary healthcare services, and through support for free-standing and mobile CT services.

Susan Moloto (right) is a professional nurse employed by the Soweto Hospice as a home care advisor. Susan describes her work as "a calling." She says, "I have to put my heart into everything I do. I'm available for people 24 hours a day when they need me. It's my passion--physically, spiritually and in all ways."

Focused projects expand CT activities for underserved populations, including prison inmates, employees, clients of traditional healers, and the military.

With the expansion of HIV related treatment in South Africa, the role of CT in identifying and referring those in need of HIV related services is essential. Emergency Plan supported CT activities

expand access to clinical care for persons infected with HIV by strengthening linkages between traditional healers and biomedicine, CT, TB and PMTCT and continue to support the development of a referral network to TB, STI, family planning and home-based palliative care.

To strengthen national systems, Emergency Plan activities in collaboration with the SAG include:

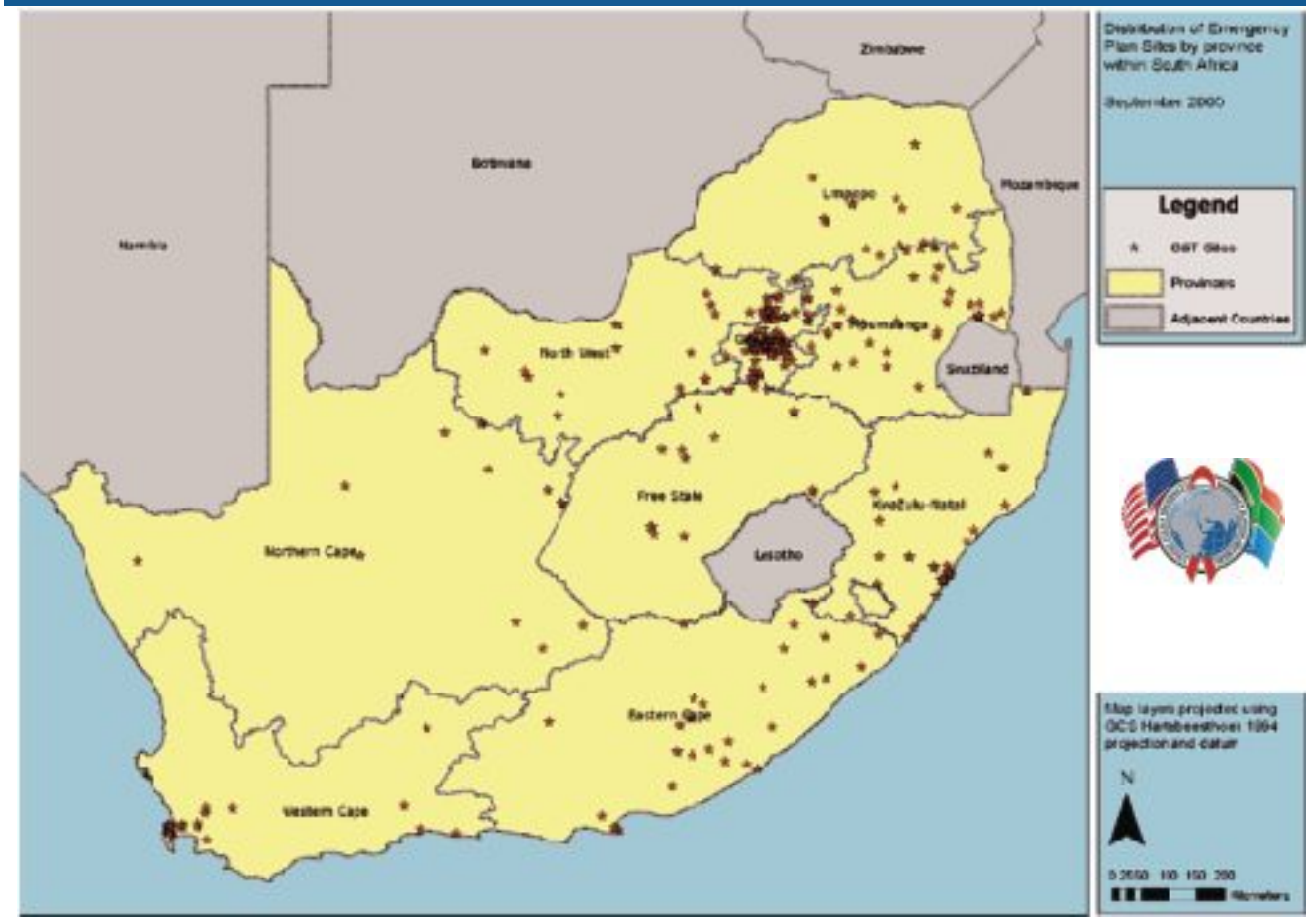
- Expansion of accreditation and quality assurance programs for all sites providing CT services, particularly NGOs, CBOs, FBOs and trade union representatives.
- Development of a communications/marketing strategy.
- Support to the provinces through quarterly CT meetings and an annual CT technical meeting.
- Development of CT training materials.
- Provision of targeted training such as rapid test and protocol adherence training.
- Expansion of the use of, and training for, lay counselors and support groups at testing facilities.
- Use of mobile CT services for high risk and migrant populations.

The USG provides ongoing technical assistance to the NDOH in the development of CT policy, data management and monitoring and evaluation (M&E), and training materials that support couples counseling.

CT will continue to be an effective means to accomplish primary and secondary prevention goals, reduce stigma, link clients to available services, and reduce the personal and social impact of HIV/AIDS in South Africa.

In 2005, programs funded by the Emergency Plan supported 1,000 CT service outlets in which 185,800 people received counseling and testing. In addition, 3,800 individuals received training in counseling and testing.

Emergency Plan Sites - Counseling and Testing



Religious Leaders Set Example by Taking HIV Tests

Faith-based organizations play an important role in addressing South Africa's HIV epidemic. Religious leaders are keen to take on meaningful activities to help people in their congregations and communities, but they often don't know what to do or where to start.

The United Congregational Church of Southern Africa (UCCSA) wanted to inform their pastors about HIV and AIDS. Their annual conference was coming up. The theme, "Leading by Example," was chosen as an ideal platform to teach church leaders about the virus.

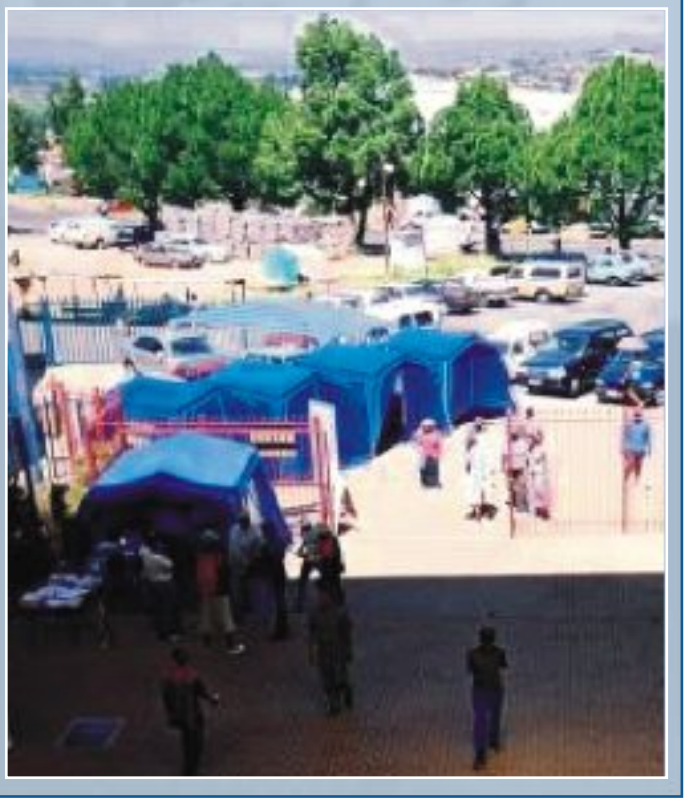
Conference organizers were aware that many of the conference participants had already received training in HIV prevention and care. UCCSA approached New Start, an organization supported by the Emergency Plan that focuses on CT. New Start agreed to provide HIV counseling and testing services to church leaders at the conference. The CT service would teach pastors about the disease and help them to encourage members of their congregations to undergo testing.

UCCSA and New Start were apprehensive about this bold proposal. Would any of the church leaders consent to be tested? The pastors may prefer networking and mingling with colleagues as more appropriate at a conference. Others may resent undergoing testing at such a public event. After all, isn't CT a personal experience conducted in privacy?

A decision was made. Counseling and testing would be offered to the pastors. New Start would limit the timeframe, opening their doors at 8:30 am and closing at 2:00 pm. Counselors figured they could test about 50 people during that interval.

New Start set up their bright blue tents the day before the conference. The counselors were thrilled to greet several pastors already waiting to be tested when the doors opened. Delegates arrived for testing in such large numbers that New Start staff worked without a break. The lines were long and the pastors were enthusiastic. By two o'clock, New Start staff had tested 70 clients from across South Africa - 46 men and 24 women. They had never dealt with so many clients at a mobile CT site in such a brief time period. Unlike typical CT clients, the clergy were eager for information and bombarded counselors with questions.

The testing day for religious leaders set the ball rolling. Participating pastors have inundated New Start with requests: "Please visit our church and provide counseling and testing services for our followers." UCCSA made the right choice by offering CT. Church leaders lead by example and have increased their credibility as role models by voluntarily undergoing counseling and testing for HIV/AIDS.



HIV / AIDS Treatment

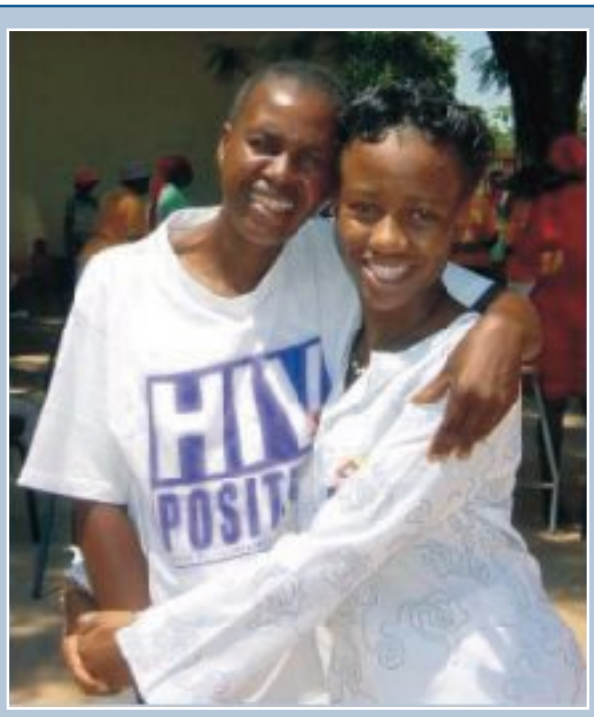
"Death from AIDS is now avoidable. With carefully administered treatments, and subject to monitoring and with appropriate medical care, AIDS is no longer a fatal disease. I know this from my own life, which without those treatments would have ended three or more years ago."

Justice Edwin Cameron, Edward A Smith Annual Lecture at Harvard Law School's Human Rights Program, April 8, 2003

The SAG goal, established in the 2003 Comprehensive Plan, is to provide universal access to ARV services by 2009. The public sector ART rollout began in April 2004, and the SAG is already providing treatment to more than 87,000 South Africans. Private sector clinics and doctors are treating an additional estimated 45,000 individuals. In 2005, the Emergency Plan supported direct or downstream ARV services for 40,200 people in 135 facilities; 75% of these patients were in the public sector.

The USG is committed to assisting the SAG to enhance the capacity of the public health care system and to increase the number of South Africans receiving care and treatment. Specifically, the Emergency Plan partners, using SAG policies and guidelines, strengthen comprehensive high quality care for HIV positive people by:

- Scaling up existing effective programs and best practice models in the public, private and NGO sectors, including hard-to-reach and underserved communities.
- Providing treatment services through 20 prime partners and their sub-partners.
- Increasing the capacity of the SAG to develop, manage and evaluate HIV/AIDS treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, drug and pharmaceutical management, and other service infrastructure assistance.
- Increasing demand for and acceptance of ARV treatment through community mobilization.
- Ensuring integration of ART programs within palliative care, TB, STI and PMTCT services.
- Developing, testing and implementing models of "down-referral" for monitoring successful treatment patients who need less intensive clinical care.

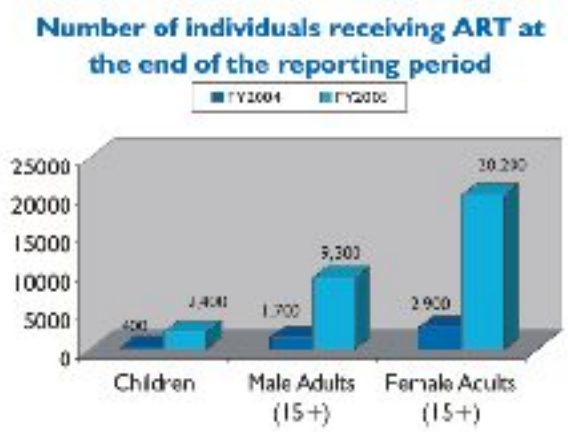


The Emergency Plan supports HIV treatment and programs that address stigma and discrimination.

The collective effort of Emergency Plan ARV services partners provides high-quality ARV care and treatment services, including health facilities and mobile outreach systems in all nine provinces and particularly for customarily underserved populations, thereby increasing equity and accessibility for South Africans. A key strategy is to expand integration of ART with wellness programs for people who are HIV positive but not yet eligible for ART. The Emergency Plan also supports communications programs to improve demand for treatment and to improve treatment literacy and promote health-seeking behavior among men and youth.

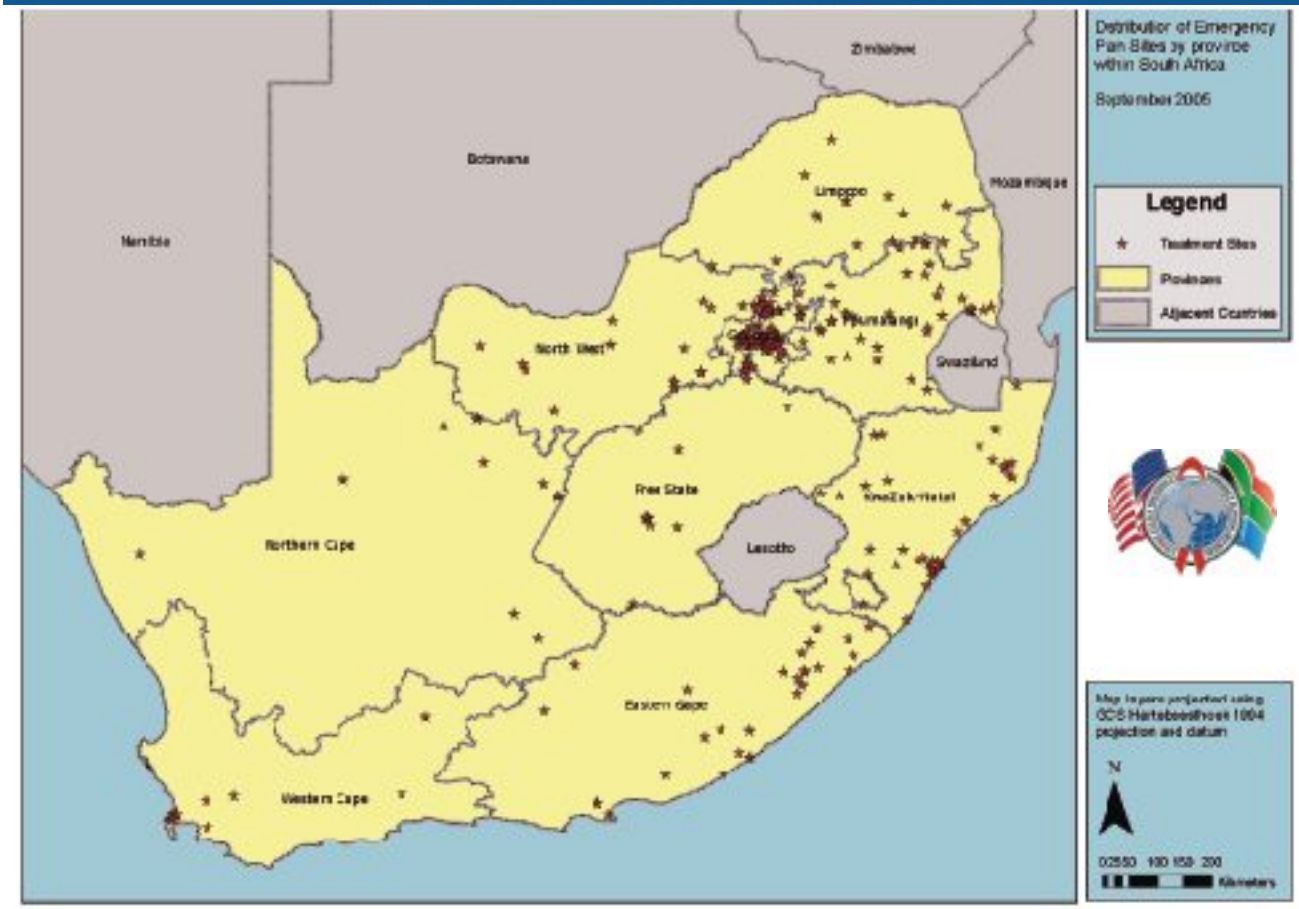
Emergency Plan partners expand ART through such innovative approaches as:

- Strengthening primary health care capacity to manage uncomplicated patients on ART in community-based settings.
- Utilizing multiple network models to improve diagnosis of adults and children.
- Using strong treatment adherence projects and strong referral systems.
- Improving the efficiency of support functions for treatment programs, including community support.
- Providing clinical training and supportive supervision and patient information systems, and logistics assistance for pharmacies within treatment programs.
- Utilizing public-private partnerships to deliver ARV services in workplace settings, to teachers in education settings, and through private practitioners in remote areas serving the uninsured.



In 2005, 15,000 health workers were trained to deliver ARV services through Emergency Plan supported programs. A fundamental approach is to scale up effective programs and incorporate best practices into public sector ARV delivery sites to promote sustainability and increase accessibility.

Emergency Plan Sites - Treatment



Nompumelelo and Elihle Xulu
By Kerry Cullinan

Sinikithemba, a Zulu word for "Place of Hope," is situated in the center of Durban, the largest city in KwaZulu Natal, the South African province with the highest HIV prevalence in the country and one of the world's worst-affected AIDS areas. McCord Hospital established the Sinikithemba HIV/AIDS Care Center in 1996 to provide a range of medical and support services as a positive response to the AIDS epidemic, assisting HIV infected and affected people and their families.

Three-year-old Elihle Xulu shrieks with delight when he sees his mother, Nompumelelo. She kicks a soccer ball for him on Sinikithemba Center's lawn and he runs panting after it. Then he plants himself on the swing and urges her to: "Push! Push!"

The little boy's exuberance is still like a miracle for 27-year-old Nompumelelo, who feared she might never see her son grow up. The two are very close. Elihle has never known his father who died in a car crash when Nompumelelo was five months' pregnant. "There was a woman in the car with him when he died. So I thought I need to have an HIV test. I started to have a skin rash. So I took courage and went to get a test," says Nompumelelo quietly.

"My son was only seven months old. It was a very big shock when I discovered I was positive. I just cried and cried. I never told anybody. I thought I was going to die," she says.

Nompumelelo hid her own HIV status from her family for months. But she worried for her son's health and, as she had no income, she decided to disclose her HIV status to her boyfriend's sister and ask her for help.

"I had been living with my partner while I was studying for a science degree, so I was not earning money. My partner's sister put Elihle on medical aid. Then I went to get him tested. I was devastated when he was also positive. I wasn't expecting it. There were those little signs. He had thrush (yeast/fungal infections of the mouth or genitals caused by Candida), diarrhea and a skin rash. The doctor tried to warn me because of the symptoms. But I really was not expecting it."

Thanks to the medical aid, Elihle was able to start taking ARV drugs right away. "Since he started his ARVs, he has never been in hospital. Last year, my sister got TB, then I got it and so did Elihle. But he is taking TB treatment and ARVs and he is fine."

While Elihle was on ARVs, there was no money for treatment for Nompumelelo.

By the time she had a CD4 test in January 2004, Nompumelelo's CD4 count was a mere five. "My son's medical aid was cut off, because I had problems with my partner's family. They denied that my partner had a child so the family could get the whole estate. I knew that Elihle couldn't stop his medicine. So I had to tell my mother. She was very upset and cried. But then my mother's friend told us about McCord Hospital, so we started coming here."

A few months after her CD4 test, Nompumelelo got pneumonia and spent a month recovering, first at McCord, then at a hospice called the Dream Centre. "I weighed less than 100 lbs; skin rashes made me look very dark and blemished my arms. I finally started taking ARVs.

"I take Stocrin (efavirenz) and Zerit (d4T) and 3TC. I felt very dizzy for the first two months. But now everything is normal. My son and I take our medicines at 7am and 7pm every day."

After dreading telling people that she was living with HIV, Nompumelelo says she is now completely honest with everyone and she encourages her friends and three sisters to be extra careful in their relationships.

"I counsel my sisters and my friends about HIV. I am used to it now. I don't believe that this virus will kill me. It is just there and something that I can cope with. When I quit studying after I tested positive, my life just stopped. I thought, 'Why should I look for a job when I am going to die?' But now that I am well again and I have gained some weight and look better, I have started to look for work."

Nompumelelo and Elihle's antiretroviral treatment is funded by the Emergency Plan through the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF).

Laboratory Infrastructure

In 2001, South Africa restructured its public sector medical laboratory services and created the National Health Laboratory Service (NHLS). The NHLS comprises approximately 260 laboratories countrywide, including all provincial diagnostic pathology laboratories and tertiary laboratories that are used by the university medical schools. As part of this restructuring, the SAG added health-oriented microbiology, parasitology, and entomology laboratories to the National Institute of Virology to create another new entity, the National Institute for Communicable Diseases (NICD). NICD is a division of NHLS and offers comprehensive microbiology laboratory support for epidemiologic surveillance and monitoring.

Ongoing Emergency Plan support has been provided to build capacity for long-term sustainability of quality laboratory systems in South Africa, both in the public and private sectors, and to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing and ART rollout.

The Emergency Plan continues to support laboratory infrastructure related to very specific needs, particularly in support of the nationwide ARV rollout. These activities focus on:

- Purchasing diagnostic equipment and adding staff to provide full laboratory support to comprehensive treatment programs provided to thousands of people in the Eastern Cape and KwaZulu-Natal Provinces.
- Supporting development of training on rapid tests and CD4 monitoring, as well as partial support for a TB reference laboratory to provide services for HIV positive persons with TB.
- Supporting the SANBS to develop the capacity of laboratory technicians to enhance an inventory logistics and management system and better meet blood supply needs in the country.

Strategic Information (SI)

Strategic Information (SI) is the broad term that encompasses surveillance, health management information systems (HMIS), and monitoring and evaluation (M&E). The two key priorities for Emergency Plan support in SI in South Africa are:

- Building the capacity of the SAG to improve HIV surveillance systems and the effective use of M&E.
- Building the capacity of implementing partners to improve accountability and to use M&E effectively for continuous program improvement.

M&E is a priority under the SAG five-year National HIV and AIDS Strategy, and the Emergency Plan is responding to this priority by providing both funding and targeted technical assistance to various SAG departments. The NDOH has an engaged M&E unit, which has assisted in the development of standardized data elements, data collection tools and use protocols for the NDOH HIV/AIDS program. The District Health Information System, supported by USAID/Equity Project in 1997-2003, is an integral part of the M&E system, capturing routine health data. The Emergency Plan continues to provide technical assistance for SI, including direct personnel support, development of surveillance systems and training to specific programmatic units within the NDOH.

The USG supports a comprehensive and systematic approach to partner capacity building so that partners can effectively plan, implement and report on Emergency Plan activities. These activities include:

- Conducting workshops designed to assist partners in developing an M&E plan specific to their organization.
- Development of a data warehouse and

collaborative website to assist USG and USG partners with the collection, reporting and analysis of data as well as creating a tool for communication among partners.
- Establishment of a Data Quality Assessment (DQA) initiative to improve the quality of data at the partner level for program management and reporting, as well as to identify specific M&E technical assistance needs.
- Establishment of an internship program with the University of Pretoria to place M&E Masters of Public Health students with partners in need of more intensive M&E technical assistance.

To date, over 70 partners (nearly 250 individuals) have attended a five-day M&E workshop and 24 have participated in a DQA, both resulting in increased capacity to report and use program data effectively. In addition, Emergency Plan partners have trained about 2,000 individuals in various areas of SI.

Emergency Plan partners invest significant effort into monitoring and evaluating their programs. This is key to ensure that programs are being carried out as planned and that they are achieving the intended outcomes and results. In addition, the Emergency Plan supports larger targeted evaluations across many areas of prevention, care and treatment for planning and decision making in support of the Comprehensive Plan and in line with the Emergency Plan strategy.

Policy Analysis and System Strengthening

Ongoing policy analysis and system strengthening activities in South Africa cover a diverse spectrum of HIV/AIDS related activities to support national prevention, care and treatment efforts. Many of these activities relate to specific program areas, particularly in support of the NDOH and provincial Departments of Health. Some cross-cutting USG activities include:

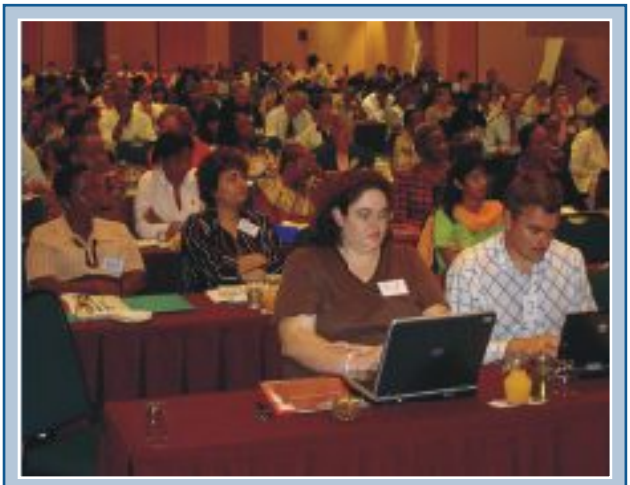
- Support for programs to address stigma and discrimination.
- Support for implementing effective HIV workplace policies in the public and private sector.
- Support for developing national guidelines and standards for HIV peer education.
- Assistance in increasing the involvement of PLWHA groups in implementing the NDOH's treatment and care initiatives.
- Support for government-to-government twinning relationships.

In addition to Emergency Plan funded HIV and AIDS activities, the U.S. Department of Labor also funds HIV and AIDS workplace prevention programs in collaboration with South African trade unions and the International Labor Organization.

The Emergency Plan considers support for the SAG Comprehensive Plan and efforts of SAG departments in combating HIV and AIDS a priority.

Additional policy analysis and system strengthening activities promote other objectives identified in the USG Strategic Plan to increase workplace HIV and AIDS programs, to involve PLWHA, and to address stigma and discrimination.

In 2005, 800 HIV service outlets/programs were provided with technical assistance and 3,400 individuals were trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs.



The Emergency Plan strongly supports training opportunities and sharing of best practices.

Durban Family Meets President Bush at the White House, December 1, 2005

At a World AIDS Day ceremony in Washington, D.C., President George W. Bush hailed the courage and determination of families in surmounting the devastating effects of HIV/AIDS, and underscored the U.S. commitment to supporting prevention, care, and treatment programs around the world.

Joining the president at the ceremony was a family from Durban, Thandazile, Lewis, and Emily Darby and their physician, Dr. Helga Holst. The Darby family is one of many South African families living with HIV, and receiving support from the Emergency Plan through the McCord Hospital in Durban. They are three of the more than 40,000 South Africans currently enrolled in AIDS treatment programs directly supported by Emergency Plan funds. President Bush made the following comments about the Darby family:

"Today I'm proud to welcome Thandazile Darby and her two children, Lewis and Emily. Lewis, by the way, is age four; Emily, age - five and their doctor, Dr. Helga Holst. They're from South Africa. Welcome to America.

Two years ago, she took Emily to the hospital for what she thought was the mumps - later they found that Emily, and the rest of the family, were HIV positive. Thandazile's late husband's relatives tried to support her treatment for as long as they could, but the cost was too high. Thanks to Emergency Plan funds, the Darbys began to get the treatment they desperately needed. Soon these children will start school - and now their mom dreams that someday they will attend college.

Here is what Thandazile says: 'The medicine used to be very expensive. I used to have to decide between taking our medicine and putting food in our bellies. It was difficult, because we needed to have food in our bellies so that we could take the pills. Now I can afford to buy food for my family and we can keep taking our medicine to stay strong.'

I want to thank you for joining us today, and I want to thank you for your strong example of courage."

Conclusion

"The key to our success is clearly the work of talented and dedicated people in country, including people of the host government and non governmental section. The Emergency Plan is a vehicle for the American people to support their effort and the true credit for the success that has been achieved rests with those working on the ground. U.S. Government field staff work closely with partners and friends to implement each host nation's vision of fighting HIV/AIDS. The Emergency Plan is committed to working with national strategies to build capacity in country. Over 80 percent of our partners are, in fact, indigenous organizations. Only a locally-led response will be sustainable. The leadership and commitment to fighting AIDS in our host countries is strong and growing and that is one of the most encouraging developments taking place today."

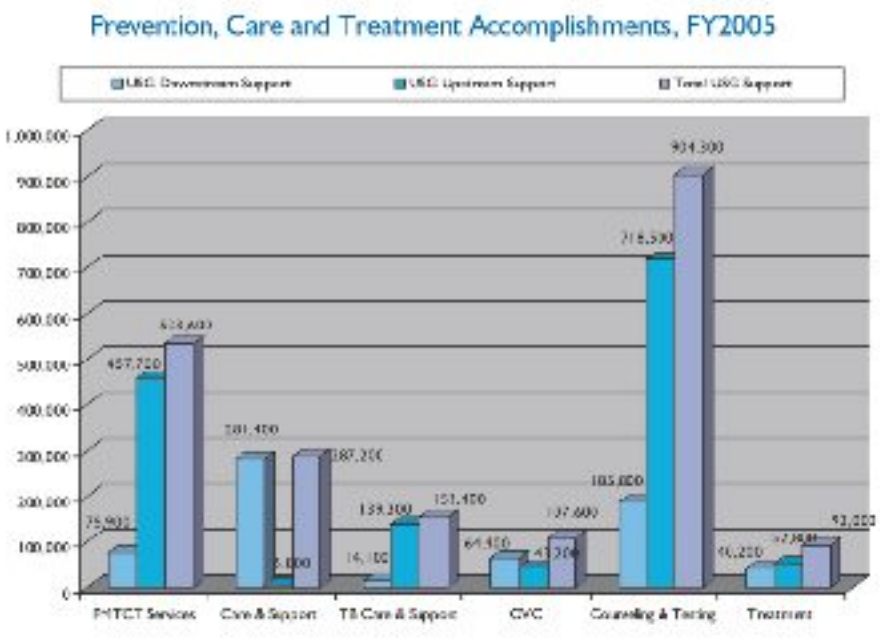
Randall Tobias, U.S. Global AIDS Coordinator, June 13, 2005

This report covers the first full year of the President's Emergency Plan for AIDS Relief, and demonstrates that a strong partnership between South Africa and the United States has led to significant progress in support of the South African Comprehensive Plan. Progress also has been made toward implementation of the U.S.-South Africa Country Operational Plans and the Five-Year Strategy, and toward achievement of the targets established for South Africa in each of the Emergency Plan focus areas.

The South Africa Emergency Plan Task Force places a high priority on data integrity and has taken significant steps to ensure that partners understand Emergency Plan indicators and report meaningful, consistent data based on measurable definitions of services and assistance.

In July 2004, the Office of the Global AIDS Coordinator revised the guidance regarding strategic information. Although the Emergency Plan is primarily focused on service delivery, there was a need to capture all the activities that play a supportive role in providing care and treatment services. For example, in a country with a less developed health system, USG funding supports infrastructure, salaries, procurement of supplies - the components that make up direct or downstream service delivery. (See below for definitions of upstream and downstream support.) In other countries, such as South Africa, USG funds support improvements to the already strong health system. Activities such as developing logistics systems, quality assurance and capacity building all play a vital role in delivering necessary services, but are not easily captured in service delivery indicators such as "number of people reached."

To measure the impact of supporting services, the Office of the Global AIDS Coordinator developed the categories of "downstream" and "upstream" USG support:



USG Downstream Support

In many areas, the Emergency Plan will coordinate with other partners to leverage resources at a specific site, providing essential services that others cannot provide due to limited technical and/or financial resources. For example, in some settings components of services are provided to specific sites through the host-country government or other

international partners, while the Emergency Plan may contribute other essential services, training, commodities and infrastructure. "Downstream" site-specific support refers to these instances where the Emergency Plan is providing all or part of the necessary components for quality services at the point at which services are delivered

USG Upstream Support

Beyond the site-orientated downstream components of services, support is required to provide other critical elements, which may include the training of physicians, nurses, laboratory technicians, other health care providers, and counselors or outreach workers; laboratory systems; strategic information systems; logistics and distribution systems; and other support that is essential to the effective roll-out of quality services. This coordination and leveraging of resources optimizes results while limiting duplication of effort among international partners, with roles determined within the context of each national strategy. Such support, however, often cannot easily be attributed to specific sites because it is national or regional in nature. This support is referred to as "upstream" support.

Total USG results reported here are the simple sum of upstream and downstream results.

In all cases, upstream and downstream, the USG recognizes that our programs and partners are contributing to service delivery in partnership with the South African Government and implementing partners. None of these results can be attributed to the USG alone.

As this report demonstrates, Emergency Plan partners and implementing officials are striving to achieve Emergency Plan prevention, care and treatment goals and to report the achievement of these goals with rigor. The USG looks forward to continuing to work together with South Africa implementing partners to improve the lives of thousands of South Africans.

Sabelo Ndlovu told Ambassadors Frazer and Tobias and Consul General Thurston, "I feel a hundred times better since I got tested for AIDS and started taking treatment."

Appendix I:

Program Level Indicators For South Africa, FY2004 & FY2005[1]

Prevention/Abstinence and Being Faithful	FY2004	FY2005
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful[2]	239,600	3,967,500
Male	35,800	1,198,300
Female	50,900	2,424,900
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	34,800	1,677,600
Male	21,500	540,300
Female	13,300	1,128,100
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	14,930
Prevention/Other Behavior Change	**FY2004**	**FY2005**
Number of targeted condom service outlets	500	1,900
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	542,200	4,122,500
Male	56,000	1,322,400
Female	94,000	2,625,300
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,100	18,800
Prevention/Medical Transmission/Blood Safety	**FY2004**	**FY2005**
Number of service outlets carrying out blood safety activities	39	27
Number of individuals trained in blood safety	400	1,500

[1] Numbers reported in this table represent people receiving downstream site-specific support at U.S. Government-supported service delivery sites. Due to the criteria used to distinguish downstream and upstream support to OVC, OVC numbers include direct and indirect support. All numbers above 100 are rounded to the nearest 100. Numbers may be adjusted as attribution criteria and reporting systems are refined.

[2] Not all partners were able to disaggregate by sex, therefore the subsets do not equal the total.

Prevention/Medical Transmission/Injection Safety	FY2004	FY2005
Number of individuals trained in medical injection safety	400	100
Prevention of Mother-to-Child Transmission	**FY2004**	**FY2005**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1,100	400
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	40,800	75,900
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	10,400	18,300
Number of health workers trained in the provision of PMTCT services according to national and international standards	8,800	8,400
Counseling and Testing	**FY2004**	**FY2005**
Number of service outlets providing counseling and testing according to national and international standards	900	1,000
Number of individuals who received counseling and testing for HIV and received their test results	58,000	185,800
Male	22,500	36,500
Female	20,600	57,900
Number of individuals trained in counseling and testing according to national and international standards	3,300	3,800
HIV/AIDS Treatment/ARV Services	**FY2004**	**FY2005**
Number of service outlets providing antiretroviral therapy	86	100
Number of new individuals with advanced HIV infection receiving antiretroviral therapy	2,600	29,300
New Male Children (0 -14)	- [3]	900
New Female Children (0 -14)	- [3]	900
New Male Adults (15+)	800	8,000
New Female Adults (15+)	1,500	17,800
Number of individuals receiving antiretroviral therapy at the end of the reporting period -- CURRENT CLIENTS	4,900	40,200
Current Male Children (0- 14)	- [4]	1,200
Current Female Children (0 -14)	- [4]	1,200
Current Male Adults (15+)	1,700	9,300
Current Female Adults (15+)	2,900	20,200
Total number of health workers trained to deliver ARV services according to national and/or international standards (ART and PMTCT+ sites combined)	5,300	15,000

3 Sex-specific data for children was not available in FY2004; 300 of the new ART clients in FY2004 were children younger than 15

4 Sex-specific data for children was not available in FY2004; 400 of current ART clients in FY2004 were children younger than 15

Palliative Care: Basic Health Care (excluding HIV/TB)	FY2004	FY2005
Total number of service outlets providing general HIV related palliative care (excluding TB/HIV)	1,100	800
Total number of individuals provided with general HIV related palliative care (excluding TB/HIV)	50,400	281,400
Male	5,700	74,800
Female	40,400	129,200
Total number of individuals trained to provide HIV related palliative care (excluding TB/HIV)	5,200	20,900
Palliative Care: TB/HIV	**FY2004**	**FY2005**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	600	400
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,300	14,100
Male	-	4,600
Female	-	4,000
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	-	3,300
Orphans and Vulnerable Children	**FY2004**	**FY2005**
Number of OVC served by OVC programs	64,000	107,600
Number of providers/caretakers trained in caring for OVC	1,900	7,700
Laboratory Infrastructure	**FY2004**	**FY2005**
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	3	4
Number of individuals trained in the provision of laboratory-related activities	14	23
Strategic Information	**FY2004**	**FY2005**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,000	2,000
Other/Policy Development and System Strengthening	**FY2004**	**FY2005**
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	23	800
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	800	3,400

Appendix II:

Emergency Plan Prime Partners

Absolute Return for Kids (ARK)
http://www.arkonline.org/

Academy for Educational Development (AED)
http://www.aed.org

Academy for Educational Development - Linkages Project
http://www.linkagesproject.org/

Africa Centre for Health and Population Studies
http://www.africacentre.org.za/

Africare
http://www.africare.org/

American Centre for International Labor Solidarity
http://www.solidaritycenter.org/

Aurum Institute for Health Research
http://www.aurumhealth.org

Boston University - Center for International Health and Development (CIHD),
http://www.bu.edu/dbin/sph/research_centers/center_intern_health.php

Broadreach Health Care
http://www.broadreachhealthcare.com

CARE USA
http://www.careusa.org

Catholic Relief Services
http://www.catholicrelief.org

Centre for the AIDS Programme of Research in South Africa (CAPRISA)
http://www.caprisa.org/

Centre for HIV/AIDS Networking (HIVAN)
http://www.hivan.org.za

Child Welfare South Africa (CWSA)
http://childwelfaresa.org.za

Cinema Corporate Creations
http://www.corporatevideos.co.za

Columbia University - Mailman School of Public Health
http://www.columbia-mcap.org

CompreCare

Dira Sengwe
http://www.sa-aidsconference.com

Eastern Cape Regional Training Center

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
http://www.pedaids.org

EngenderHealth
http://www.engenderhealth.org

Family Health International
http://www.fhi.org

Foundation for Professional Development
http://www.foundation.co.za

Fresh Ministries
http://www.anglicanaids.org

Harvard School of Public Health
http://www.hsph.harvard.edu

Higher Education HIV/AIDS Program (HEAIDS)
http://www.heaids.org.za/

HIVCare
http://www.hivcare.netcare.co.za

Hope World Wide
http://www.hopeworldwide.org

Hospice & Palliative Care Association South Africa (HPCA)
http://www.hospicepalliativecaresa.co.za

Humana People to People
http://www.humana.org

IBM
http://www.sega2.org.za

International Training and Education Centre on HIV(I-TECH)
http://www.go2itech.org

JHPIEGO
http://www.jhpiego.org

John Snow, Inc (JSI)
http://www.jsi.com

Johns Hopkins University - Center for Communication Programs (JHU/CCP)
http://www.jhuccp.org/

Kagiso
http://www.kagisotv.co.za

Living Hope Community Centre
http://www.livinghope.co.za

Management Sciences for Health
http://www.msh.org

Medical Research Council of South Africa (MRC)
http://www.mrc.ac.za

National Alliance of State and Territorial AIDS Directors (NASTAD)
http://www.nastad.org

National Association of Childcare Workers
http://www.naccw.org.za

National Department of Correctional Services (South Africa)
http://www.dcs.gov.za

National Department of Health (South Africa)
http://www.doh.gov.za

National Health Laboratory Service (NHLS)
http://www.nhls.ac.za

National Institute for Communicable Diseases (NICD)
http://www.nicd.ac.za

Nelson Mandela Children's Fund
http://www.nelsonmandelachildrensfund.com

Nelson R. Mandela School of Medicine, University of KwaZulu - Natal
http://www.ukzn.ac.za/medicalschool

Nurturing Orphans of AIDS for Humanity (NOAH)
http://www.noahorphans.org.za

ORC MACRO
http://www.orcmacro.com/Survey/Demographic/measure.aspx

PACT
http://www.pactworld.org

Policy Project - The Futures Group International
http://www.policyproject.com

Population Council - Frontiers
http://www.popcouncil.org/frontiers

Population Council - Horizons
http://www.popcouncil.org/horizons

Population Services International (PSI)
http://www.psi.org/

Right to Care
http://www.righttocare.org

Salesian Missions
http://www.salesianmissions.org

Salvation Army World Service Office (SAWSO)
http://www.sawso.org

Save the Children (U.K.)
http://www.savethechildren.org.uk

Soul City
http://www.soulcity.org.za

South African Military Health Service (SAMHS) - Masibambisane
http://www.mhs.mil.za

South African National Blood Service (SANBS)
http://www.sanbs.org.za

South African National Defence Force - Phidisa
http://www.phidisa.org

Starfish Greathearts Foundation
http://www.starfishcharity.org

The Futures Group International
http://www.tfgi.com

The Valley Trust
http://www.thevalleytrust.org.za

University of North Carolina - Measure Evaluation
http://www.cpc.unc.edu/measure

University of the Western Cape
http://www.uwc.ac.za/aids/index2.htm

University of the Witwatersrand - Perinatal HIV Research Unit
http://www.hivsa.com

University of the Witwatersrand - Reproductive Health and HIV Research Unit
http://www.rhru.co.za

University Research Corporation - Quality Assurance Project
http://www.qaproject.org

University Research Corporation - TB TASC
http://www.tasc-tb.co.za

U.S. Department of State - Small Grants Fund
http://pepfar.pretoria.usembassy.gov

U.S. Peace Corps
http://www.peacecorps.gov

Appendix III:

Selected Websites

The White House, Office of National AIDS Policy
http://www.whitehouse.gov/infocus/hivaids/

U.S. Department of State, Office of the Global AIDS Coordinator (OGAC)
http://www.state.gov/s/gac/

President's Emergency Plan for AIDS Relief
U.S. Mission to South Africa
http://pepfar.pretoria.usembassy.gov/

South African National Department of Health
http://www.doh.gov.za

U.S. Agency for International Development, South Africa
http://www.sn.apc.org/usaidsa/

U.S. Centers for Disease Control and Prevention, Divisions of HIV/AIDS Prevention
http://www.cdc.gov/hiv/dhap.htm

U.S. Centers for Disease Control and Prevention, Global AIDS Program
http://www.cdc.gov/nchstp/od/gap/

U.S. Department of Health and Human Services, Health Resources and Services Administration, Global HIV/AIDS Program
http://hab.hrsa.gov/special/global.htm

South Africa Annual Report 2005
President's Emergency Plan for AIDS Relief
U.S. Embassy
877 Pretoria Street
Arcadia
0087
Telephone: 27 12 431 4000
Fax: 27 12 342 2299
http://pepfar.pretoria.usembassy.gov